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Date: October 27, 2004

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Application No.: 10/600,679

Filing Date: 06/20/2003

Inventor: Brent G. Carman

Examiner: James S. Bergin

Art Unit: 3641

Attorney Docket No.: SRC-012-P

FAXED following discussion with LIE. Response to Notice of Non-Compliant Amendment.

Respectfully,



Stephen R. Chapman  
Reg. No. 45,468

PTO/SB/21 (09-04)

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/600,679	<b>RECEIVED CENTRAL FAX CENTER OCT 27 2004</b>
	Filing Date	08/20/03	
	First Named Inventor	Brent G. Carman	
	Art Unit	3641	
	Examiner Name	James S. bergin	
Total Number of Pages in This Submission	7	Attorney Docket Number	SRC-012-P

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks response to notice of non-compliance mailed 10/15/2004.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Stephen R. Chapman		
Signature	<i>Stephen R. Chapman</i>		
Printed name	Stephen R. Chapman		
Date	October 27, 2004	Reg. No.	45,468

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Signature	<i>Stephen R. Chapman</i>		
Typed or printed name	Stephen R. Chapman transmitted by FAX to: (703) 872-9306	Date	October 27, 2004

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